



Incident Report

Print Date/Time: 05/12/2016 14:59
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00008623

Incident Date/Time: 5/7/2016 12:09:00 PM
Location: SR 9 NE / MARKET PL
LAKE STEVENS WA 98258
Phone Number: (425) 760-7582
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

| Unit | Personnel |
|-------|-----------------|
| 19S15 | SS0126-Hingtgen |

Person(s)

| No. | Role | Name | Address | Phone | Race | Sex | DOB |
|-----|-----------------|-------|---------|----------------|------|-----|-----|
| 1 | Reporting Party | JESSE | | (425) 760-7582 | | | |

Vehicle(s)

| Role | Type | Year | Make | Model | Color | License | State |
|------------------|------|------|------|-------|-------|---------|-------|
| Involved Vehicle | | | | | | AMD5866 | |
| Involved Vehicle | | | | | | ARM3825 | |

Disposition(s)

| Disposition | Count |
|-------------|-------|
| M | 1 |

Property

| Date | Code | Type | Make | Model | Description | Tag No. | Item No. |
|------|------|------|------|-------|-------------|---------|----------|
|------|------|------|------|-------|-------------|---------|----------|

05/07/2016 : 12:12:14 SP0152 Narrative: ON SR 9

05/07/2016 : 12:11:50 SP0152 Narrative: 2 VEH REAR END, NON INJ, NON BLKING, BLK VW PASSAT/WHI FORD FOCUS

16-00008623, 050716 COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

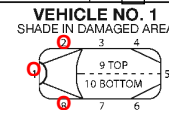
1591971

REPORT NO. **E542061**CASE # **2016-00008623**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02** OBJECT
STRUCKTRIBAL
RESERVATIONDATE OF COLLISION **05** - **07** - **2016** TIME (2400) **1212** COUNTY # **31** MILES **N** **E** **IN** **OF** **0664**ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
SR 9 NE BLOCK NO. ☒ 300 MILE POSTDISTANCE **300** **00** MILES ☒ N ☒ E ☐ S ☐ W OF (REFERENCE OR CROSS STREET) **MARKET PLACE**UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONE **D: 4252290332**LAST NAME **OLSEN** FIRST NAME **PETER** MIDDLE INITIAL **K**STREET NEW ADDRESS **16927 NE 19TH WAY**CITY **VANCOUVER** ST **WA** ZIP **986846767**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **OLSENPK202JA** STATE **WA** SEX **M** D.O.B. **04** - **01** - **1980**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **AMD5866** STATE **WA** VIN# **1FAHP3H22CL373006**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2012** MAKE **FORD** MODEL **4D** STYLE **4D** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **PETER OLSEN 16927 NE 19TH WAY VANCOUVER WA 98684**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **AMERICAN FAMILY 2142-8416-02-60-FPPA-WA**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEUNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONE **D: 4257607582**LAST NAME **KLASSE** FIRST NAME **JESSE** MIDDLE INITIAL **W**STREET NEW ADDRESS **7728 28TH PL NE**CITY **MARYSVILLE** ST **WA** ZIP **982703634**CDL RESTRICTIONS **J** ENDORSEMENTSDRIVER'S LICENSE # **KLASSJW193MD** STATE **WA** SEX **M** D.O.B. **07** - **04** - **1981**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **ARM3825** STATE **WA** VIN# **1VWAP7A39EC022860**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2014** MAKE **VOLK** MODEL **PASSAT** STYLE **4D** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **JESSE KLASSE 7728 28TH PL NE MARYSVILLE WA 98270**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **PROGRESSIVE 904432385**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEOFFICER'S NAME (PRINT) **M. HINGTEN** BADGE OR ID # **0126** AGENCY **WA0311900**


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E542061**CASE # **2016-00008623**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

| | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------------------|------------------------|--------------------------|--------|----------|-----------|----------|--------|----------|--------|----------|-------|----------|-----------------|---------------------------------|--------------|-----------|--|-------------|--|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | OLSEN CARSON O | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # 16927 NE 19TH WAY VANCOUVER WA 98684 | | | | | | | | | | | | | | SEX M | D.O.B. MMDDYYYY 02 | - | 23 | - | 2008 | |
| PASSENGER | <input checked="" type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | 1 | SEAT POS. | 9 | AIRBAG | 2 | RESTR. | 4 | EJECT | 1 | HELMET USE | 2 | INJURY CLASS | 7 | NATURE OF INJURIES NECK PAIN | | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | KLASSE CARTER R | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # 7728 28TH PL NE MARYSVILLE WA 98270 | | | | | | | | | | | | | | SEX M | D.O.B. MMDDYYYY 03 | - | 27 | - | 2011 | |
| PASSENGER | <input checked="" type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | 2 | SEAT POS. | 9 | AIRBAG | 2 | RESTR. | 6 | EJECT | 1 | HELMET USE | 2 | INJURY CLASS | 7 | NATURE OF INJURIES NECK PAIN | | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | | | | SEX | D.O.B. MMDDYYYY | - | | - | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | | |

NARRATIVE

Veh #1 and Veh #2 were traveling south on SR 9 in approximately the 300 blk. Veh #1 was in lane 2 and Veh #2 was in lane 1. Veh #2 signaled to turn into lane 2, to continue south on SR 9, thru the intersection at Market Place. Veh #1 driver stated that he turn around to help his son in the backseat and then impacted Veh #2. The driver stated that it was his fault and that he rear ended him.

Both vehicles were moved to the shoulder of the roadway. The driver of Veh #2 stated that he would be taking his son to the doctors office for mild neck paint.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

| | | | | | |
|--|-------------|---|------------------|--------------------------|-----------------|
| M. HINGTGEN | | | | 05-09-16 09:00 AM | |
| INVESTIGATING OFFICER'S SIGNATURE | | UNIT OR DIST. DET | | DATED | |
| APPROVED BY M. HINGTGEN 0126 | | PLACE SIGNED 5/10/2016 5:10:36 PM | | | |
| BADGE OR ID # | 0126 | ORI # | WA0311900 | TIME POLICE DISPATCHED | 12:12 PM |
| | | | | TIME POLICE ARRIVED | 12:27 PM |

REPORT NO. E542061

CASE # 2016-00008623

DATE AND TIME
OF COLLISION 05/07/16 12:12



Not to Scale

